

NATIONAL Assessment Centre Services

(wef 1 Jan 05)

MA 118092304.

Date In: 17/7/18 15:19	Job description	Date & Time Completed	Done by
Ref No: MA/INC18012973164	SAS e-filing		
Veh No: GU 3851Y	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 11/7/18 10:05	i-Motor Claim Form	MT/1002727-002	17/7/18 16:55
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel: (

Fax: (

TP Particulars:	Veh No: SGQ 9111Z	INC () / Non-INC ()
Owner / Driver: (Tel: (
Policy No: (Period: (Cover Type: (
Confirmed by: (Date: (Time: (
Insured/Driver Liability: (%) [Note-Est Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

- () Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.
- () Total Loss Case : to e-mail Insurer URGENTLY.
- Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

MA1804532	Invoice Preparation Checklist	Amf (\$) 1st Bill	Amf (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (N-on INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT	
Date Of Report	17/07/2018 15:19
Date Of Accident	11/07/2018 10:05
Exact Location Of Accident	SIMS AVE TWDS EUNOS B4 LOR 19 GEYLANG
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GU3851Y
Insured/Policyholder	
Name Of Registered Owner	ASK INTEGRATED SECURITY SOLUTION
Co Reg No	53170756C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92363195
Vehicle Particulars	
Manufacturer	TOYOTA
Model	LITEACE
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5070436766-03
Cover Note Number	-
Driver	
Name of Driver	VELLAICHAMY DURAIRAJ
NRIC No	G7724489T
Date Of Birth	25/06/1986
Occupation	INDOOR
Date Of Driving Pass	08/05/2009
Driving Experience	9 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84374339
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	6001 BEACH RD #02-62
Postcode	199589
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGQ9111Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by Interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

V. S. D. S. D. S. D.

Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature]

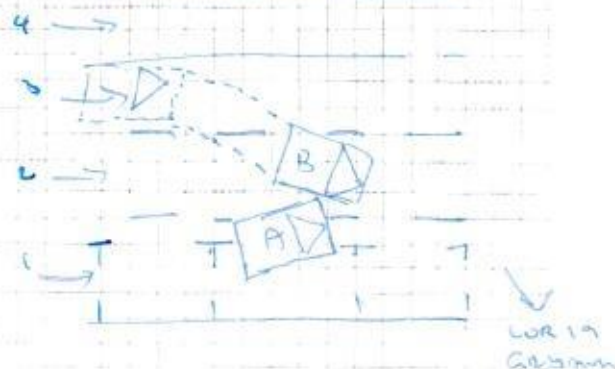
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

VEHICLE A - TOYOTA LITE ONE
GUY 3851 Y

VEHICLE B - SAAB 900 E

Sims Ave Towards Eunos
Before LOR 19 GEBLANH



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS EXITING FROM A CARPARK ALONG SIMS AVE ROAD
TOWARDS EUNOS DIRECTION,

WHILE EXITING FROM THE CARPARK LOT, SUDDENLY A
VEHICLE CAME FROM THE 3RD LANE AND SWERVED INTO THE
OF MINE AND HIT INTO THE LH REAR OF MY
VEHICLE.

VEHICLE A - GUY 3851 Y

VEHICLE B - SAAB 900 E



DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

V. D. D. D. D.

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Handwritten signature.

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Vehicle No.	CU 3851 J	Model / Make	TOYOTA UTORU
Date of Accident	11/07/2018		
Time of Accident	1005	HRS	
Location of Accident	SHR AVE towards Eunos, before cor 19 Geylang.		
Exact purpose use during accident	WORKING HOUR		
Name of Owner	ASK INTEGRATED SECURITY SOLUTION		
Telephone No.	H/P : 92363195	Home :	Office :
NRIC	53170756C		
Address	6001 BAHU ROAD #02-62 GOLDEN MILE TOWER 5 (199589)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5070436766-03		
Name of Driver	As Above If No, VILLAICHAMY DURAIKJ		
NRIC	FIN 67724491T	Any Passengers :	1 (more)
Date of birth	25 JUN 1986		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	08 MAY 2009		
Gender	Male / Female		
Contact No.	H/P : 84374339	Home :	Office :
Address			
Driver have any own vehicle	No	If yes, Reg No.	
Relationship	Employee,	If no, state	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	542 911 Z	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	LEFT FRONT		
Camera Recorder	Yes / No		
Email Address			
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

**WORK PERMIT**

Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
TNP ENGINEERING PTE. LTD.

Sector: **CONSTRUCTION**



Name
VELLAICHAMY DURAIRAJ
Occupation
CONSTRUCTION WORKER-CUM-DRIVER

Work Permit No.
0 3326304-
Date of Application
06-04-2017
Date of Issue
19-04-2017
Date of Expiry
06-04-2019



L7847847

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G7724489T**
Name

VELLAICHAMY DURAIRAJ

Birth Date: **25 Jun 1986**

Issue Date: **23 Apr 2014**

Valid Till **07 May 2019**

**VISIT PASS**

Immigration Regulations

Name
VELLAICHAMY DURAIRAJ



Date of Birth: **25-06-1986** Sex: **M** Nationality: **INDIAN**
FIN: **G7724489T** Date of Issue: **19-04-2017** Date of Expiry: **06-04-2019**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc 08 May 2009
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 08 May 2009



Licence No. G7724489T

NP 428A

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5070436766-03

Cover : Third Party, Fire & Theft

- | | |
|--|------------------------------------|
| 1. Index mark and Registration Number of Vehicle | : GU3851Y |
| Chassis Number | : CR420017927 |
| 2. Name of Policyholder | : ASK INTEGRATED SECURITY SOLUTION |
| 3. Effective Date of Insurance | : 08 Mar 2018 |
| 4. Expiry Date of Insurance | : 07 Mar 2019 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |
- This Policy does not cover
- (a) Use for hire or reward.
 - (b) Use for racing, pace-making, reliability trial or speed-testing.
 - (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: ABWIN PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ABWIN PTE LTD (00000614234)
Date of Issue : 01 Mar 2018 09:45 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



ABWIN PTE LTD
8 KAKI BUKIT ROAD, 2
RUBY WAREHOUSE COMPLEX
#01-33 SINGAPORE 417841

Countersigned By:

TEL: 6842 3332 FAX: 6842 3301 (ADMIN OFFICE)

Authorised Officer

Chief Executive

Claim Handling

Accident MT/1002727

Policy No.	S070436766-03	Vehicle No.	GU3851Y	GST Registration No.	
Policyholder Name	ASK INTEGRATED SECURITY SOLUTION			Policyholder NRIC	53170756C
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
▼ Accident Details					
Report Date	12/07/2018 16:24	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	11/07/2018	Time of Accident hh:mm	10:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG GEYLANG BEFORE TURNING TO LOR 9				
▼ Benefits					
▼ Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
▼ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History	13/07/2018 13:10:04 Nur Shahira Hassan changed GST Status Verified from No to Yes				

▼ Policyholder Mailing Address

Address 1	55 SERANGOON NORTH AVENUE	Address 2	#01-01	Address 3	SINGAPORE 555859
Address 4		Address Type	Singapore address	Post Code	555859
Unit No.	01-01	Related Policy Number	S072154909-03		

▼ OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	ASK INTEGRATED SECURITY SO	Insured NRIC	53170756C
Contact No.(Mobile)	81463665	Contact No.(Home)		Contact No.(Office)	65031619
Email Address		OI Vehicle Number	GU3851Y	TP Vehicle Number	SGQ9111Z
Claim Description	GU3851Y / SGQ9111Z ON 11 Jul 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Partially at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	17/07/2018 00:00
Date Registered	17/07/2018 16:54	Claim Close Date			
Report Taken By	LEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1002727	Claim No.	002		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/07/2018 16:55		
Path *		Category *	Confidential	Urgency *	Descr
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> Please Select	NO	Normal	
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> Please Select	NO	Normal	
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> Please Select	NO	Normal	
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> Please Select	NO	Normal	
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> Please Select	NO	Normal	
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> Please Select	NO	Normal	
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> Please Select	NO	Normal	

Message Read

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Jul 2018 16:55	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Jul 2018 16:55	SAS	Normal	SAS 2018-7-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Jul 2018 16:55	Photos	Normal	Photos 2018-7-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Jul 2018 16:55	Photos	Normal	Photos 2018-7-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Jul 2018 16:55	Photos	Normal	Photos 2018-7-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Jul 2018 16:55	Photos	Normal	Photos 2018-7-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Jul 2018 16:55	Photos	Normal	Photos 2018-7-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Jul 2018 16:54	Photos	Normal	Photos 2018-7-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Jul 2018 16:54	Photos	Normal	Photos 2018-7-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Jul 2018 16:54	Photos	Normal	Photos 2018-7-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Jul 2018 16:54	Photos	Normal	Photos 2018-7-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Jul 2018 16:54	Photos	Normal	Photos 2018-7-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Jul 2018 16:54	Photos	Normal	Photos 2018-7-17

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window Scan and uploading	